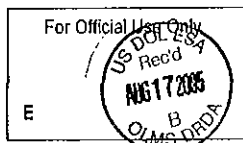


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18050</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>Joseph J. BERGANTINO</b>  P.O. Box, Bldg., Room No., if any  Street <b>70 MAYALL RD</b> City <b>WALTHAM</b> State <b>MA</b> ZIP Code + 4 <b>02453</b>	4. Name, file number, and address of labor organization. Name <b>SHEETMETAL WORKERS AFL-CIO LU 17</b> Labor Organization File Number <b>002-713</b> P.O. Box, Building and Room Number, if any  Street <b>1157 Adams Street</b> City <b>Dorchester</b> State <b>Massachusetts</b> ZIP Code + 4 <b>02124-5710</b>
5. Position in labor organization. <b>BUSINESS MANAGER, JATO TRUSTEE, LU &amp; C TRUSTEE</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><b>Joseph J. Bergantino</b></u>	On <u><b>8-12-05</b></u> <u><b>781-893-1153</b></u> Date Telephone Number

Name of Person Filing <b>Joseph J. BERGANTINO</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>SMW 17 JATC</b>  Trade Name, if any: <b>Sheet Metal Workers</b>  P.O. Box, Bldg., Room No., if any _____  Street <b>1181 ADAMS ST.</b>  City <b>Dorchester</b>  State <b>MA</b> ZIP Code + 4 <b>02124</b>	<b>11.a. Nature of such dealing.</b> <b>TRAINING CONF.</b>   <b>11.b. Approximate dollar value of such dealing.</b> <b>262.50</b>  <b>12.a. Nature of interest held or income received.</b> <b>AIRLINE REIMBURSEMENT to SAN DIEGO</b>   <b>12.b. Amount.</b> <b>(ABOVE)</b> <b>262.50</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer or Consultant ?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing <u>Joseph J. Bergantino</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>LOCAL UNIONS &amp; COUNCIL PENSION</u></p> <p>Trade Name, if any: <u>SHEET METAL WORKERS</u></p> <p>P.O. Box, Bldg., Room No., if any: <u>Suite 500</u></p> <p>Street: <u>601 N. FAIRFAX ST.</u></p> <p>City: <u>ALEXANDRIA,</u></p> <p>State: <u>VA.</u> ZIP Code + 4: <u>22314</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Trustee meeting June 04</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>AIRFARE, TAXI, PARKING, HOTEL IN WASH. D.C.</u></p> <p>12.b. Amount. <u>873.05</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>Joseph J. Bergantino</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Local Union &amp; Council Pension</b></p> <p>Trade Name, if any: <b>Sheet Metal Workers</b></p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 500</b></p> <p>Street <b>601 N. Fairfax St.</b></p> <p>City <b>Alexandria</b></p> <p>State <b>VA</b> ZIP Code + 4 <b>22314</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Trustee Meeting November of</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>AIRFARE, TAXI, MEALS, PARKING, Hotel IN Scottsdale, AZ.</b></p> <hr/> <p>12.b. Amount.</p> <p style="text-align: right; border: 1px solid black; padding: 2px;"><b>1484.37</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>Joseph J. Bergantino</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>ABN AMRO</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2477 Raysthere Circle</b></p> <p>City <b>Chicago</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60674</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Investment meeting - Ball Game</b></p> <p><b>August 04</b></p> <p style="text-align: right;"><b>184.00</b></p> <p>11.b. Approximate dollar value of such dealing. <b>184.00</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="height: 100px;"></p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Joseph J. BERGANTINO</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>MEETINGS / DINNER CRUISE</b>  <b>8-19-04</b> </div> 11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; padding: 2px;">177.00</span>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; margin: 5px;"></div> 12.b. Amount. <span style="border: 1px solid black; padding: 2px;">5</span>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>DALEY &amp; GEORGE, LTD</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City <b>CHICAGO</b>  State <b>IL</b> ZIP Code + 4 <b>60674</b>	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px;"></span>

Name of Person Filing <i>Joseph J. Beegantino</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>Meeting / Dinner Cruise</i> <i>8-17-05</i></p> <p>11.b. Approximate dollar value of such dealing. <i>205</i></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>MISEROW FINANCIAL</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City <i>Chicago</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>60674</i></p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Joseph J. Bergantino</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <u>Business meeting / Ball game</u>  <b>11.b. Approximate dollar value of such dealing.</b> <span style="border: 1px solid black; padding: 2px;">208</span>  <b>12.a. Nature of interest held or income received.</b>           <b>12.b. Amount.</b> <span style="border: 1px solid black; padding: 2px;"></span>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>Amalgamated BANK</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street _____  City <u>Chicago</u>  State <u>IL</u> ZIP Code + 4 <u>60674</u>	<b>14.a. Nature of payment.</b>           <b>14.b. Amount of payment.</b> <span style="border: 1px solid black; padding: 2px;"></span>
<b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b>	



**DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Signature

*Joseph Bergantine*

Date

*8-12-05*